

PETITION FOR TERMINATION OF GUARDIANSHIP/CONSERVATORSHIP AND RESTORATION OF RIGHTS

INSTRUCTIONS

I. Specific Instructions

1. This form is to be used for filing a petition for termination of guardianship/conservatorship pursuant to O.C.G.A. §§ 29-4-42; 29-5-72.
2. The burden of proof is on the petitioner to show by a preponderance of the evidence that there is no longer a need for a guardianship/conservatorship.
3. According to Uniform Probate Court Rule 5.6 (A), unless the Court specifically assumes the responsibility, it is the responsibility of the moving party to prepare the proper citation and deliver it properly so it may be served according to law. All pages after the notice regarding Uniform Probate Court Rule 5.6 (A) are to be completed by the moving party, unless otherwise directed by the Court.
4. [Note to Court Staff:] In any case in which the ward's rights are restored, when the former ward owns real property, a certificate of restoration of rights will be completed by the clerk of the probate court and filed with the clerk of the superior court of each county of this State in which the former ward owns real property within 30 days of the date of such order.
5. [Note to Court Staff:] The certificate to the Georgia Bureau of Investigation (GBI) page shall be used in all cases where a guardianship and/or conservatorship is/are established. Individuals so listed in this database will be prohibited from obtaining a Georgia weapons carry license. In the event the ward's rights are restored, such restoration of rights **shall** be sent to the GBI, so the database can be updated. Only the certificate needs to be sent to the GBI and not the guardianship order.

II. General Instructions

General instructions applicable to all Georgia Probate Court Standard Forms are available in each probate court or at www.gaprobate.gov, labeled GPCSF 1.

IN THE PROBATE COURT OF _____ COUNTY
STATE OF GEORGIA

IN RE: ESTATE OF _____)
_____,)
WARD _____) ESTATE NO. _____)

**PETITION FOR TERMINATION OF GUARDIANSHIP/CONSERVATOR AND
RESTORATION OF RIGHTS**

[Unless there are two or more petitioners, the affidavit beginning on page 5 must be completed by a physician, psychologist, or licensed clinical social worker based upon an examination within 15 days prior to the filing of this petition.]

1.

The petition of _____
[Full name of petitioner] First Middle Last
(who is the ward), (whose relationship to the above-named ward is _____),
whose domicile is _____,
Street City County State Zip Code
and mailing address is _____,
Street City County State Zip Code

AND *[Initial either (a) or (b) below]*

_____ (a) The petition of _____
[Full name of petitioner] First Middle Last
(who is the ward), (whose relationship to the above-named ward is _____),
whose domicile is _____,
Street City County State Zip Code
and mailing address is _____,
Street City County State Zip Code

OR

_____ (b) attached as pages 5-6 and made a part of this petition is the completed affidavit of, a physician, psychologist, or licensed clinical social worker licensed to practice in Georgia, who has examined the ward within 15 days prior to the filing of this petition, and shows to the Court the following

2.

The ward _____
[Full name of ward] First Middle Last

whose age is _____, date of birth is _____, Social Security number is _____,
_____, domicile is _____,
Street City County State Zip Code

and is presently located at _____,
Street City County State Zip Code

which is a _____
[Type of facility, if applicable]

and can be contacted at telephone number: _____.

3.

The ward is no longer in need of a guardian and/or conservator because:

[The petition cannot be granted unless sufficient facts are presented that support the claim for the restoration of the ward's rights. While an attached physician's/psychologist's/social worker's affidavit is permissible, the petitioner(s) MUST specifically allege sufficient facts to support the granting of this petition.]

4.

[Please provide the name or specify "N/A"]

The current guardian(s) is/are _____ and
the current conservator(s) is/are _____.

5.

Additional data: [Where full particulars are lacking, state here the reasons for any such omission.]

WHEREFORE, petitioner(s) pray(s):

1. that service be perfected as required by law;
2. that the Court appoint legal counsel and an evaluator for the ward and order an evaluation as required by law;
3. that upon receipt of the evaluation report, the Court order a hearing to determine the continued need for a guardian and/or conservator for the ward; and
4. that the ward's rights be restored.

Signature of First Petitioner

Signature of Second Petitioner, if any

Printed Name

Printed Name

Mailing Address

Mailing Address

Telephone Number

Telephone Number

Signature of Attorney: _____

Printed Name of Attorney: _____

Address: _____

Telephone Number: _____

State Bar # _____

VERIFICATION

GEORGIA, _____ **COUNTY**

Personally appeared before me the undersigned petitioner(s) who, after being duly sworn, state(s) that the facts set forth in the foregoing petition for termination of guardianship/conservatorship and restoration of rights (and the attached exhibit(s)) are true and correct.

Sworn to and subscribed before me this
_____ day of _____, 20_____

Signature of First Petitioner

NOTARY/CLERK OF PROBATE COURT

Printed Name of First Petitioner

My Commission Expires: _____

Sworn to and subscribed before me this
_____ day of _____, 20_____

Signature of Second Petitioner

NOTARY/CLERK OF PROBATE COURT

Printed Name of Second Petitioner

My Commission Expires: _____

IN THE PROBATE COURT OF _____ COUNTY
STATE OF GEORGIA

IN RE: ESTATE OF

WARD

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ESTATE NO. _____

**AFFIDAVIT OF PHYSICIAN, PSYCHOLOGIST, OR
LICENSED CLINICAL SOCIAL WORKER**

I, being first duly sworn, depose and say that I am a physician licensed to practice under Chapter 34 of Title 43 of the Official Code of Georgia Annotated, a psychologist licensed to practice under Chapter 39 of Title 43 of the Official Code of Georgia Annotated, or a licensed clinical social worker; that my office address is _____, Georgia, and that I have examined the above-named ward on the _____ day of _____, 20 _____. ***[The examination on which this affidavit is based must occur WITHIN 15 DAYS prior to the filing of the petition.]*** I found him/her to:

[Initial all that apply]

- _____ (a) *[for restoration regarding guardianship:]* now have sufficient capacity to make or communicate significant responsible decisions concerning his/her health or safety.
- _____ (b) *[for restoration regarding conservatorship:]* now have sufficient capacity to make or communicate significant responsible decisions concerning the management of his/her property.
- _____ (c) *[for retention of guardianship:]* still lack sufficient capacity to make or communicate significant responsible decisions concerning his/her health or safety.
- _____ (d) *[for retention of conservatorship:]* still lack sufficient capacity to make or communicate significant responsible decisions concerning the management of his/her property.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Sworn to and subscribed before me this _____ day of _____, 20____

Printed Name: _____

[The examination on which this affidavit is based must occur WITHIN 15 DAYS prior to the filing of the petition.]

**IN THE PROBATE COURT OF _____ COUNTY
STATE OF GEORGIA**

IN RE: ESTATE OF

WARD

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ESTATE NO. _____

ACKNOWLEDGMENT OF SERVICE

The undersigned, being 18 years of age or older, laboring under no legal disability and being an interested person identified in paragraph 4, hereby acknowledges service of a copy of petition for termination of guardianship/conservatorship and restoration of rights, waives further service and notice.

Sworn to and subscribed before me this
_____ day of _____, 20_____

Signature

NOTARY/CLERK OF PROBATE COURT

Printed Name

My Commission Expires: _____

Sworn to and subscribed before me this
_____ day of _____, 20_____

Signature

NOTARY/CLERK OF PROBATE COURT

Printed Name

My Commission Expires: _____

Sworn to and subscribed before me this
_____ day of _____, 20_____

Signature

NOTARY/CLERK OF PROBATE COURT

Printed Name

My Commission Expires: _____

NOTICE

THE FOLLOWING PAGES ARE TO BE COMPLETED BY THE PETITIONER (MOVING PARTY) UNLESS OTHERWISE DIRECTED BY THE COURT.

SEE UNIFORM PROBATE COURT RULE 5.6 (A).

IN THE PROBATE COURT OF _____ COUNTY
STATE OF GEORGIA

IN RE: ESTATE OF _____

WARD _____

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ESTATE NO. _____

ORDER FOR SERVICE AND EVALUATION

A petition for termination of guardianship/conservatorship/restoration of rights having been read and considered, and it appearing that there is sufficient evidence to believe that the ward may no longer be in need of a guardian and/or conservator within the meaning of O.C.G.A. § 29-4-1 and/or § 29-5-1,

IT IS HEREBY ORDERED that _____
(physician)(psychologist)(licensed clinical social worker), is appointed to evaluate the above-named ward at ____:____ ____.m., on _____ 20____ at _____.
[Location]

IT IS FURTHER ORDERED that the above-named ward shall submit to an evaluation at the time and place stated above;

IT IS FURTHER ORDERED that the evaluator shall explain the purpose of the evaluation to the ward;

IT IS FURTHER ORDERED that a clerk shall immediately notify the ward, the conservator (if any), the guardian (if any), and the ward's legal counsel of these proceedings by having all pleadings, as well as this order and a notice of petition to restore an individual formerly found to be in need of a guardian and/or conservator pursuant to O.C.G.A. § 29-4-42 and/or § 29-5-72.

SO ORDERED this _____ day of _____, 20_____.

Judge of the Probate Court

**IN THE PROBATE COURT OF _____ COUNTY
STATE OF GEORGIA**

IN RE: ESTATE OF

WARD

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ESTATE NO. _____

**NOTICE TO WARD OF PROCEEDINGS TO TERMINATE
GUARDIANSHIP/CONSERVATORSHIP AND TO RESTORE RIGHTS**

TO: _____

This is to notify you of a proceeding initiated in this Court by _____ and _____ seeking to terminate guardianship/conservatorship and restore your rights and to inform you of your right to independent counsel. If you wish to retain your own attorney, you must notify this Court within two days; otherwise, an attorney will be appointed for you by the Court.

You are further notified that _____ has been appointed by the Court to evaluate you. If you wish your rights restored, you must submit to an evaluation by being present at: _____

[Location]

at ____:____ __.m., on _____ 20____, which is not sooner than the fifth day after the service of notice on you.

Failure to present yourself for evaluation at the time and place above will authorize the Court to order you transported directly to and from a medical facility or the office of the physician, psychologist, or licensed clinical social worker for the court-ordered evaluation.

YOU ARE FURTHER NOTIFIED:

1. YOU MUST ATTEND THE EVALUATION.
2. YOU DO NOT HAVE TO RESPOND TO QUESTIONS DURING THE EVALUATION.
3. YOUR ATTORNEY HAS A RIGHT TO ATTEND THE EVALUATION WITH YOU, BUT YOUR ATTORNEY MAY NOT PARTICIPATE.
4. YOU AND YOUR ATTORNEY HAVE THE RIGHT TO ATTEND ANY HEARING HELD ON THIS MATTER.
5. IF A GUARDIAN IS APPOINTED FOR YOU, YOU MAY LOSE IMPORTANT RIGHTS TO CONTROL AND MANAGE YOUR PERSON.

6. IF A CONSERVATOR IS APPOINTED FOR YOU, YOU MAY LOSE IMPORTANT RIGHTS TO CONTROL AND MANAGE YOUR PROPERTY.

WITNESS MY HAND AND SEAL this _____ day of _____, 20____.

Clerk of the Probate Court

Printed Name

**IN THE PROBATE COURT OF _____ COUNTY
STATE OF GEORGIA**

IN RE: ESTATE OF

WARD

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ESTATE NO. _____

CERTIFICATE OF MAILING OF ORDER AND NOTICE OF PROCEEDINGS

This is to certify that I have this day served the petitioner(s); the ward's guardian ad litem (if any); and attorney with a copy of the petition, order, and notice of proceedings to restore rights of ward by placing a copy of same in an envelope addressed to each and depositing same in the U.S. Mail, First-Class, with adequate postage thereon.

This _____ day of _____, 20____.

Clerk of the Probate Court

Address

Telephone Number

CERTIFICATE OF MAILING OF ORDER FOR DISMISSAL

This is to certify that I have this day served the ward with a copy of the (petition and)* order for dismissal by placing a copy of same in an envelope addressed to the ward and depositing same in the U.S. Mail, First-Class, with adequate postage thereon. I have also served a copy of the order for dismissal in the same manner upon the persons required in said order to be so served.

This _____ day of _____, 20____.

Clerk of the Probate Court

Address

Telephone Number

* Not necessary if dismissal is after evaluation.

**IN THE PROBATE COURT OF _____ COUNTY
STATE OF GEORGIA**

IN RE: ESTATE OF

WARD

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ESTATE NO. _____

RETURN OF SHERIFF

I have this day served _____ personally with a
copy of the within petition, order, and notice.

This _____ day of _____, 20____.

Deputy Sheriff

_____ County, Georgia

**IN THE PROBATE COURT OF _____ COUNTY
STATE OF GEORGIA**

IN RE: ESTATE OF

WARD

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ESTATE NO. _____

APPOINTMENT OF ATTORNEY

It appears that the ward has not notified the Court of his or her retention of counsel; therefore, the attorney named below is hereby appointed as counsel for the ward:

Printed Name of Attorney: _____

Address: _____

Telephone Number: _____

The clerk shall serve the appointed attorney with a copy of the petition and any amendments, any objections, and all other orders pertaining to this case via First-Class Mail.

SO ORDERED this _____ day of _____, 20____.

Judge of the Probate Court

I certify that I have on this date mailed (unless otherwise noted) in an envelope with proper postage affixed thereto for First-Class delivery a copy of this order to the parties at the address listed in the petition, and a copy of all the pleadings to the attorney as ordered.

This _____ day of _____, 20____.

Clerk of the Probate Court

Address

Telephone Number

**IN THE PROBATE COURT OF _____ COUNTY
STATE OF GEORGIA**

IN RE: ESTATE OF

WARD

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ESTATE NO. _____

COURT APPOINTED EVALUATOR'S REPORT

In compliance with the order of the Probate Court of _____ County dated _____, 20____, I performed an evaluation of the above-named ward on _____, 20____. This evaluation took place at _____.

The evaluation continued for _____ (minutes)(hours). I explained the purpose of the evaluation to the ward.

The following questions and tests were utilized in the evaluation:

Below is a list of all persons and other sources of information consulted in evaluating the ward:

The following is a description of the ward's mental and physical state and condition, including all observed facts considered by me:

The following is a description of the overall social condition of the ward, including support, care, education, and well-being, and the functional capabilities of the ward, if determined by the evaluator:

The following are my findings as to the needs of the ward and their foreseeable duration:

[Initial all that apply]

- _____ (a) I find that the ward continues to be incapacitated by reason of:
_____ to the extent that said ward lacks sufficient capacity to make or communicate significant responsible decisions concerning his/her health and safety.
- _____ (b) I find that the ward continues to be incapacitated by reason of:
_____ to the extent that said ward lacks sufficient capacity to make or communicate significant responsible decisions concerning the management of his/her property.
- _____ (c) I find that the ward now has sufficient capacity to make or communicate significant decisions concerning his/her health and safety.
- _____ (d) I find that the ward now has sufficient capacity to make or communicate significant responsible decisions concerning the management of his/her property.

Physician licensed under Chapter 34 of Title 43 of the
Official Code of Georgia Annotated/
Psychologist licensed under Chapter 39 of Title 43 of the
Official Code of Georgia Annotated/
Licensed Clinical Social Worker

Sworn to and subscribed before me this
_____ day of _____, 20____.

NOTARY/CLERK OF PROBATE COURT
My Commission Expires: _____

[This report must be filed with the Probate Court no later than seven days after the date of examination.]

**IN THE PROBATE COURT OF _____ COUNTY
STATE OF GEORGIA**

IN RE: ESTATE OF

WARD

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ESTATE NO. _____

ORDER FOR DISMISSAL

The petition for termination of guardianship/conservatorship/restoration of rights having been read and considered pursuant to O.C.G.A. § 29-4-42 and/or O.C.G.A. § 29-5-72, and:

[Initial one]:

_____ (a) Based on the allegations made in the petition and prior to the court-ordered evaluation, it appears that there is not probable cause to believe that the ward no longer is in need of a guardian or conservator within the meaning of O.C.G.A. § 29-4-1 and/or O.C.G.A. § 29-5-1; therefore, it is

ORDERED that the petition is dismissed.

IT IS FURTHER ORDERED that a copy of the petition, the affidavit, if any, and this order be served on the ward by First-Class Mail, and a copy of this order be served in the same manner upon the petitioner(s) or his/her/their attorney, if any.

_____ (b) Based on the allegations made in the petition and after review and consideration of the court-ordered evaluation report filed with this Court, this Court finds that there is not probable cause to support a finding that the ward no longer is in need of a guardian or a conservator within the meaning of O.C.G.A. § 29-4-1 and/or O.C.G.A. § 29-5-1; therefore, it is

ORDERED that the petition is dismissed.

IT IS FURTHER ORDERED that a copy of this order and the court-ordered evaluation report be served on the ward, his attorney, his guardian ad litem, if any, and to the petitioner(s) or her/her/their attorney, if any, by First-Class Mail.

SO ORDERED this _____ day of _____, 20_____.

Judge of the Probate Court

**IN THE PROBATE COURT OF _____ COUNTY
STATE OF GEORGIA**

IN RE: ESTATE OF

WARD

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ESTATE NO. _____

ORDER AND NOTICE OF HEARING

After review and consideration of the petition and the court-ordered evaluation report filed with this Court, the Court finds that there is probable cause to support a finding that the ward no longer is in need of a guardian and/or conservator within the meaning of O.C.G.A. § 29-4-1 and/or O.C.G.A. § 29-5-1.

THEREFORE, it is ORDERED and adjudged that:

1. A hearing shall be set for _____ : _____ .m. on _____, 20____, which is not less than ten days from the date that this notice is mailed, to determine the need for the restoration of the ward's rights, to be held (in the Probate Court of _____ County, courtroom _____, (address) _____, Georgia)(at the following location: _____). The ward shall be represented by _____, attorney, at such hearing.
2. A copy of this order and a copy of the evaluation report shall be sent to the ward, his/her attorney and guardian ad litem, if any, and to the petitioner(s) and his/her/their attorney, if any as well as to the Court appointed guardian, if any, and the Court appointed conservator, if any. These copies shall be sent by a clerk, First-Class Mail, as soon as practicable after the signing of this order.

SO ORDERED this _____ day of _____, 20_____.

Judge of the Probate Court

IN THE PROBATE COURT OF _____ COUNTY
STATE OF GEORGIA

IN RE: ESTATE OF

WARD

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ESTATE NO. _____

STIPULATION AND WAIVER BY WARD'S ATTORNEY

The undersigned, as the attorney representing the above-named Ward in these proceedings,
[Initial all that apply]

- _____ (a) does hereby stipulate into evidence the affidavit prepared by [name of affiant evaluator] _____, being the evaluation report ordered by the Court in this matter, and hereby waives the appearance of such affiant at any hearing concerning the said petition.
- _____ (b) does hereby stipulate into evidence the affidavit(s) prepared by [name of affiant evaluator] _____, which is the affidavit referred to in paragraph 1 (b) of the petition, and hereby waives the appearance of such affiant at any hearing concerning the said petition.
- _____ (c) does further waive the appearance of my client, the ward, at said hearing.

This _____ day of _____, 20_____.

Attorney

Printed Name of Attorney: _____

Address: _____

Telephone Number: _____ State Bar # _____

**IN THE PROBATE COURT OF _____ COUNTY
STATE OF GEORGIA**

IN RE: ESTATE OF

WARD

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ESTATE NO. _____

FINAL ORDER

A hearing was held on the petition for termination of guardianship/conservatorship and restoration of rights on _____, 20 _____, and after considering the pleadings, the evaluation report and the evidence taken at the hearing, the Court makes the following:

FINDINGS OF FACT

1.

All procedural requirements of O.C.G.A. § 29-4-11 and O.C.G.A. § 29-4-42; and/or O.C.G.A. § 29-5-11 and O.C.G.A. § 29-5-72 have been met.

2.

The above-named ward is no longer in need of a guardian and/or conservator because:

_____.

The ward now has sufficient capacity to make or communicate significant decisions concerning his/her health and safety, and now has sufficient capacity to make or communicate significant responsible decisions concerning the management of his/her property.

CONCLUSIONS OF LAW

The Court finds, by preponderance of the evidence, that the above-named ward (hereinafter referred to as “former ward”) is no longer in need of a guardian or conservator because the ward now has sufficient capacity to make or communicate significant responsible decisions concerning his/her health or safety, and now has sufficient capacity to make or communicate significant responsible decisions concerning the management of his/her property.

THEREFORE IT IS ORDERED that _____ is hereby restored to full capacity and the guardianship/conservatorship of said former ward is hereby terminated.

IT IS FURTHER ORDERED that before any guardian and/or conservator is released from his/her trust, he/she must file a petition for discharge and final return if appropriate, with an acknowledgment as executed by the former ward and that petition for discharge and final return, if appropriate, must be approved by the Court.

IT IS FURTHER ORDERED that a clerk of this Court shall record the restoration upon all records of this Court, including the previously issued letters of guardianship/conservatorship.

IT IS FURTHER ORDERED that the clerk of this Court shall, within 30 days of this order, submit a certificate to the clerk of the superior court of each county of this state in which the restored ward owns real property, if any, notifying the clerk to record in the deed records that the ward has been restored to capacity.

IT IS FURTHER ORDERED that a copy of this order shall be served by First-Class Mail on the former ward, the former ward's attorney; the guardian ad litem, if any; the guardian(s) and/or conservator(s); the petitioner(s); and his/her/their attorney(s).

SO ORDERED this _____ day of _____, 20_____.

Judge of the Probate Court/Hearing Officer exercising the
jurisdiction of the Probate Court pursuant
to O.C.G.A. § 29-4-12 (d) (7) and/or § 29-5-12 (d) (7)

**IN THE PROBATE COURT OF _____ COUNTY
STATE OF GEORGIA**

IN RE: ESTATE OF

WARD

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ESTATE NO. _____

CERTIFICATE OF MAILING OF FINAL ORDER

I have this date mailed (or handed) a copy of the above order to the former ward, his/her attorney, (his/her guardian ad litem,)(his/her representatives), the guardian(s), the conservator(s), the petitioner(s), and (petitioner's attorney).

Date

Clerk of the Probate Court

Address

Telephone Number

**CERTIFICATE OF FILING CERTIFICATE OF RESTORATION
OF RIGHTS**

I have this date hand-delivered and/or mailed for filing a certificate of restoration of rights to the clerk of the superior court of each of the following counties, together with payment of any recording costs to the following:

Date

Clerk of the Probate Court

Address

Telephone Number

Probate Court Return Mailing Address:

[Above space to be used for filing in superior court clerk's office of deeds and records]

**IN THE PROBATE COURT OF _____ COUNTY
STATE OF GEORGIA**

IN RE: ESTATE OF

WARD

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ESTATE NO. _____

CERTIFICATE OF RESTORATION OF RIGHTS

(Pursuant to O.C.G.A. § 29-5-13 (d))

DATE ORDER ISSUED: _____

CROSS REFERENCE:

DEED BOOK: _____

PAGE NO.: _____

GRANTOR: (NAME OF CONSERVATOR(S) OF FORMER WARD)

GRANTEE: (NAME OF FORMER WARD)

The rights of the above former ward being restored, the conservatorship previously created for the above-named former ward is now **DISSOLVED**.

Original certificate delivered or mailed to Clerk of Superior Court of _____
County on _____, 20____.

I do hereby certify that the above information is based on the order of the Probate Court issued on the date set out above and that the above information is true and correct.

By: _____
Clerk of the Probate Court

CERTIFICATE OF GUARDIANSHIP/CONSERVATORSHIP TERMINATED

Make Electronic Submissions via the Georgia Criminal Justice Information System (CJIS) Network -OR-			
Georgia Crime Information Center Attention:		Georgia Crime Information Center Attention: CJIS Operations Unit 3121 Panthersville Rd. Decatur, Georgia 30034	
*DATE OF ORDER (mm/dd/yyyy)	*JUDGE'S NAME		
*PROBATE COURT COUNTY/ORI NUMBER		*ESTATE NUMBER	
THE FOLLOWING INDIVIDUAL HAS BEEN ADJUDICATED TO LACK SUFFICIENT MENTAL CAPACITY AND GUARDIANSHIP/CONSERVATORSHIP HAS BEEN ESTABLISHED. THE ORDER REFERENCED ABOVE TERMINATES SUCH APPOINTMENT.			
*NAME <i>(Last, First, Middle)</i>			
*SEX	*RACE	*DATE OF BIRTH (mm/dd/yyyy)	SOCIAL SECURITY NUMBER (###-##-####)
CURRENT ADDRESS <i>(Street Address)</i>			
CITY		STATE	ZIP CODE
SIGNATURE <i>(Court Official)</i>			DATE SIGNED
*Court Official's Title			

****Mandatory Field***

**IN THE PROBATE COURT OF _____ COUNTY
STATE OF GEORGIA**

IN RE:

WARD

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ESTATE NO. _____

**CERTIFICATE OF FILING OF CERTIFICATE OF
GUARDIANSHIP/CONSERVATORSHIP TERMINATED**

I hereby certify that the above-stated information is true and correct and that I have this date mailed this certificate of guardianship/conservatorship terminated to the Georgia Bureau of Investigation by placing copies of same in an envelope addressed as set forth above and depositing same in the U.S. Mail, First-Class, with adequate postage thereon.

This _____ day of _____, 20____.

Clerk of the Probate Court